DOCUMENT RESUME

ED 161 181 EC 112 035

TITLE	The Status of Handicapped Children in Head Start Programs. Fifth Annual Report of the U.S. Department of Health, Education, and Welfare to the Congress of the U.S. on Services Provided to Handicapped Children in Project Head Start.
INSTITUTION	Administration for Children, Youth, and Families (DHEW), Washington, D.C.
PUB DATE	Feb 78
NOTE	37p.; Some of the print may be poor due to color in the original; For the fourth annual report, see ED 143 148
AVAILABLE FROM	Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402 (Stock No. 017-000-00207-4)
EDRS PRICE	MF-$0.83 Plus Postage. HC Not Available from EDRS.
DESCRIPTORS	Annual Reports; Early Childhood Education; *Exceptional Child Services; *Handicapped Children; *Statistical Data
IDENTIFIERS	*Project Head Start

ABSTRACT

The report provides information on distribution of and services provided to handicapped children in Head Start. It is explained that the report is based on a survey from the 1976-1977 Full Year and 1976 Summer Head Start programs. An introductory section provides an overview of Head Start policies and services to handicapped children. The status of handicapped children in Head Start is depicted in terms of the number enrolled and types and severity of handicapping conditions. Services, including outreach, diagnosis and assessment, mainstreaming and special services, and parent programs, are examined. Appended are survey results of handicapped children in Head Start by state. (CL)

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THE STATUS OF HANDICAPPED CHILDREN IN HEAD START PROGRAMS

U S DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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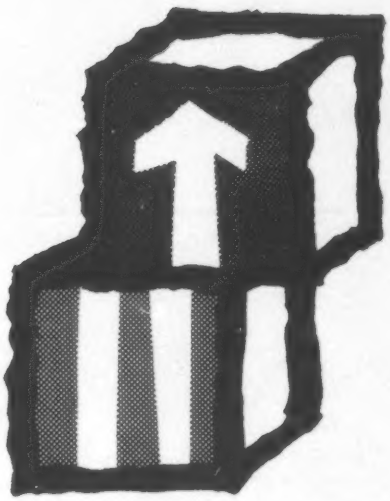
ED161181



U.S. Department of Health, Education, and Welfare
Office of Human Development Services
Administration for Children, Youth and Families
Washington, D.C.

February 1978

EC112033

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☆ U.S. GOVERNMENT PRINTING OFFICE : 1978 O—266-469

For sale by the Superintendent of Documents, U.S. Government Printing Office
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SUMMARY

The Headstart, Economic Opportunity, and Community Partnership Act of 1974 (P.L. 93-644) requires "that for Fiscal Year 1976 and thereafter no less than 10 percentum of the total number of enrollment opportunities in Head Start programs in each state shall be available for handicapped children . . . and that services shall be provided to meet their special needs." The term handicapped children is defined to mean "mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, orthopedically impaired or other health impaired children or children with specific learning disabilities who by reason thereof require special education and related services." Outside the scope of this definition are children with correctable conditions who do not need special services or who will not require altered or additional educational or support services. Handicapped children must meet the eligibility requirements for Head Start programs. Eligibility refers to the ages of the participating children (between 3 years and the age of compulsory school attendance) and family income (at least 90 percent of the children must be from low-income families, including families receiving public assistance).

It has been estimated that there are 190,000 Head Start eligible handicapped children of preschool age (3-5) in the United States. Although Head Start alone cannot meet the needs of such a large population of handicapped children, it is making a notable contribution, particularly for those handicapped children who can benefit from a comprehensive developmental experience in a mainstreamed setting, one that integrates handicapped and nonhandicapped children. Both the number of handicapped children enrolled in Head Start and the proportion which they represent of the total program enrollment have risen steadily since the mandate to serve handicapped children was established in 1972.

This report is based on the Survey of Head Start Handicapped Efforts in the 1976-77 Full Year and 1976 Summer Head Start programs as well as other supplementary data. It discusses the status of handicapped children in those Head Start programs (89 percent) that responded to the survey.

- —Children professionally diagnosed as handicapped accounted for 13 percent of total enrollment in full year programs.
- —In 49 of the 50 states, children professionally diagnosed as handicapped accounted for at least 10 percent of all Head Start enrollment in full year programs.
- —Seventy percent of Head Start programs have enrolled at least 10 percent handicapped children.

The distribution of handicapped children in Head Start, categorized by primary handicapping condition, is: 50.4 percent speech impaired, 14.4 percent health impaired, 7.4 percent physically handicapped (orthopedically handicapped), 6.7 percent seriously emotionally disturbed, 6.6 percent mentally retarded, 5 percent specific learning disability, 4.4 percent hearing impaired, 3.9 percent visually impaired, .4 percent deaf and .4 percent blind.

The percentage of speech impaired children enrolled in Head Start is consistent with national estimates of children requiring special assistance in speech and language development.

—Twenty-eight percent of the handicapped children enrolled have multiple handicapping conditions.

Head Start has continued to serve a significant proportion of children with severe or multiple handicaps. Such children present additional challenges to Head Start staff in the planning and provision of individualized services. Head Start policy requires that the individual plan of action for special education, treatment and related services be based on the child's specific handicapping condition(s) and the unique needs arising from those conditions. A child with multiple handicaps is likely to need a variety of treatment and services; Head Start staff, in conjunction with other professionals and the child's family, may have to set priorities in objectives and services for that child in order to provide a focused, systematic plan of action.

—In 1977, 97.5 percent of all Head Start programs had enrolled at least one handicapped child.

—Handicapped children were present in 91.3 percent of Head Start centers and 84.7 percent of Head Start classrooms.

Those figures indicate that the enrollment and mainstreaming of handicapped children has become a characteristic feature of local Head Start programs. Head Start continues to be one of the principal programs that include preschool handicapped children in group experiences on a systematic basis, i.e., that mainstreams handicapped children. Integrated preschool programs give handicapped children a chance to learn and play with children who will someday be their coworkers, friends and neighbors. Both groups benefit most from being together on a regular basis during the years when their attitudes and perceptions of themselves and others are most pliable. In addition, the handicapped child begins to develop a sense of control over his or her own life and an ability to function among other people in spite of his or her disability.

There are a few children who, for a variety of reasons, may do better at first in a non-mainstreamed environment or a home-based program. Others may benefit from a flexible approach and may spend part of the week in a special program and part in a mainstreamed program. However for the handicapped child, the home-based setting is seen as a supplement, not a substitute, for the mainstreamed classroom setting. Head Start policy requires that the handicapped child be placed in a mainstream classroom setting as soon as possible.

All handicapped children who were enrolled in Head Start programs received the full range of child development services required in the Head Start Program Performance Standards for all Head Start children. These include education, parent involvement, social services and health services (medical, dental, nutrition and mental health). In addition, Head Start programs continued to develop and carry out activities for services of direct and immediate benefit to handicapped children. These activities and services started with active recruitment of handicapped children who might benefit from Head Start. Some 95.5 percent of the Head Start programs reported special efforts to locate and recruit handicapped children. Seventy-five percent of the programs used other agencies to assist in outreach and recruitment.

Programs provided assessment and diagnosis to evaluate accurately the nature and severity of each child's handicap in order to serve the child most effectively. Of those 36,133 handicapped children who were enrolled in Head Start programs that reported in the survey, 36.5 percent had been diagnosed by professionals working in hospitals, clinics, or other public agencies; 29.2 percent by private physicians or other medical professionals; and 34.4 percent by professionals employed by Head Start (e.g., psychologists, physicians, or speech therapists).

Head Start programs continued to increase their own staffs, facilities and other capabilities to meet the growing service needs of the handicapped children enrolled. They also continued to use other agencies as sources of medical treatment and therapy (e.g., physical education exercises, speech training, play therapy). A person had been designated to coordinate services for handicapped children in 89 percent of the programs. Some 16 percent of the programs required special modifications in their physical facilities in order to serve handicapped children; 76 percent of these had made or had scheduled the modifications. Seventy-three percent of the responding programs had acquired or were acquiring special equipment or materials; 56.4 percent still required additional equipment or materials in addition to those acquired or ordered.

In order to insure appropriate and high quality educational and developmental experiences for handicapped children, priority has been given to staff training with emphasis on teachers, aides and health services coordinators. Some 78.2 percent of the programs provided preservice training to current staff, while 89.2 percent provided inservice training to current staff. However, 81.4 percent of the programs reported that further training was needed.

In addition to the usual Head Start involvement of a child's parents and other family members in activities and decisions involving their child, parents of handicapped children are trained to participate with their child in activities that will foster development and learning. They are also afforded special support to work through feelings associated with the child and the child's handicap. Head Start programs reported a number of special services provided to parents of handicapped children, including counseling, referrals to other agencies, special classes, provision of special literature and teaching materials, group discussion sessions and transportation assistance.

Head Start and other agencies and organizations concerned with handicapped children must coordinate efforts if they are to make maximum use of their limited individual resources. Programs reported working with other agencies in several ways:

—75.3 percent of the programs utilized other agencies to locate and recruit handicapped children,

—28 percent of the handicapped children had been diagnosed and referred to Head Start by other agencies,

—38 percent of the children received special services from other agencies.

Head Start programs were also involved in several national efforts to serve handicapped children. Under the Education for All Handicapped Children Act of 1975 (P.L. 94-142), each state's allocation figures are based on the number of handicapped children, 3-21, currently being served. As a major provider of services to preschool handicapped children, Head Start program personnel worked with local education

agencies to insure that the number of children who had been professionally diagnosed as handicapped and who were receiving Head Start services were included in the state count. In addition, Head Start programs coordinated their searches for unserved handicapped children with the statewide "Child Find" efforts required under P.L. 94-142.

Head Start personnel have also taken steps to increase program ability to use other resources such as Medicaid Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program as well as the Supplemental Security Income (SSI) Program.

The Summer Head Start program provides an opportunity for initial assessment of the child's skills at the time of entry into the program and the development and implementation of a program plan that can be continued as the child enters the school system in the fall. Summer Head Start programs appear to have been fairly successful in recruiting handicapped children. Handicapped children comprised 11.4 percent of children enrolled in Summer programs in Summer 1976.

The Head Start budget for Fiscal Year 1977 included $23 million for services to handicapped children. This enabled the local Head Start programs to provide special services for handicapped children and also made possible an increase in the number of handicapped children enrolled in Head Start.

Head Start programs mobilized various resources for providing special services to handicapped children. Based on information from the reporting programs, the resources for the special services for handicapped children came from the following sources:

—51.4 percent from the $23 million in Head Start funds ear marked for services for handicapped children,

—15.5 percent from the basic Head Start grant,

—33.0 percent from other sources such as state, local and voluntary agencies.

Based on estimates of the data provided by the Head Start programs responding to the questionnaire, the average annual cost per child of providing the special education and related services to handicapped children ranges from $1200 to $1540, above and beyond the average base cost per child for the normal range of Head Start services. These supplemental funds enable Head Start programs to provide a mainstreamed experience and special education and related services to preschool handicapped children.

In a study conducted by Applied Management Sciences under contract to the Administration for Children, Youth and Families, data were collected on the mainstreaming experiences of a sample of 269 children representing the basic handicapping conditions selected from 59 Head Start programs. Analysis of the data indicates that 92 percent of the Head Start children were completely mainstreamed in the sense that they spent nearly all their program time with their nonhandicapped peers. In general, this study indicates that Head Start has been successful in its efforts to mainstream handicapped children into classroom activities. ■

Chapter 1

Head Start and Preschool Handicapped Children Background Information

A. Purpose of this Report

This is the Fifth Annual Report to the Congress on Head Start services to handicapped children. The purpose of this report is to inform the Congress of the status of handicapped children in Head Start programs, including the number of children being served, their handicapping conditions, and the services being provided to them.

The Headstart, Economic Opportunity, and Community Partnership Act of 1974 (P.L. 93-644) requires "that for Fiscal Year 1976 and thereafter no less than 10 percentum of the total number of enrollment opportunities in Head Start programs in each state shall be available for handicapped children . . . and that services shall be provided to meet their special needs." The data presented here reflect Head Start efforts to respond to this legislative mandate.

The term handicapped children is defined to mean "mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, orthopedically impaired or other health impaired children or children with specific learning disabilities who by reason thereof require special education and related services." Handicapped children must meet the eligibility requirements for Head Start programs. Eligibility refers to the ages of the participating children (between 3 years and the age of compulsory school attendance) and family income (at least 90 percent of the children must be from low-income families, including families receiving public assistance).

B. Overview of Head Start Policies on Services to Handicapped Children

In response to the Congressional mandate to strengthen Head Start efforts on behalf of handicapped children, the Administration for Children, Youth and Families* has given priority to assisting local Head Start efforts to identify, recruit, and serve handicapped children. These efforts are consistent with Head Start's philosophy of responding to the unique needs and potential of each child and his or her family. Head Start policies that relate to handicapped children are:

1. *Outreach and Recruitment*—Head Start programs are required to develop and implement outreach and recruitment activities, in cooperation with other community groups and agencies serving handicapped children, in order to identify and enroll handicapped children who meet eligibility requirements and whose parents desire the child's participation. No child may be denied admission to Head Start solely on the basis of the nature or extent of a handicapping condition unless there is a clear indication that such a program experience would prove detrimental to the child.

2. *Needs Assessment, Screening and Diagnosis*—Needs assessment, screening, and diagnostic procedures utilized by Head Start programs address all handicaps

*Formerly the Office of Child Development.

specified in the legislation to provide an adequate basis for special education, treatment and related services. Head Start programs must insure that the initial identification of a child as handicapped is confirmed by professionals trained and qualified to assess handicapping conditions. Assessment must be carried out as an on-going process that takes into account the child's continuing growth and development. Careful procedures are required, including confidentiality of program records, to insure that no individual child or family is mislabeled or stigmatized with reference to a handicapping condition. Emphasis is placed on assuring that the needs of all eligible handicapped children are accurately assessed in order to form a sound basis for meeting those needs.

3. *Diagnostic Criteria and Reporting*—In 1975, Head Start, the Bureau of Education for the Handicapped and other DHEW agencies that serve handicapped children reviewed the reporting criteria then being used for reporting purposes. Based on that review, an expanded set of criteria was issued by Head Start. The expanded criteria included the addition of a "learning disabilities" category in order to be consistent with the Education for All Handicapped Children Act of 1975 (P.L. 94-142). The revised criteria also clarified the reporting of "multiple handicaps." Furthermore, they were specifically tailored to the developmental levels of the preschool population, aged 3-5. In addition, special procedures are followed to safeguard against misdiagnosis or mislabeling of children. Only qualified professionals who have the appropriate certification and licensure required by the state are utilized to diagnose Head Start children.

   Table A presents the diagnostic criteria used in reporting handicapping conditions of the children.

Table A

DIAGNOSTIC CRITERIA FOR REPORTING HANDICAPPED CHILDREN IN HEAD START

All children reported in the following categories* must have been diagnosed by the appropriate professionals who work with children with these conditions and have certification and/or licensure to make these diagnoses.

Blindness—A child shall be reported as blind when any *one* of the following exist: (a) child is sightless or who has such limited vision that he/she must rely on hearing and touch as his/her chief means of learning; (b) a determination of legal blindness in the State of residence has been made; (c) central acuity does not exceed 20/200 in the better eye, with correcting lenses, or whose visual acuity is greater than 20/200, but is accompanied by a limitation in the field of vision such that the widest diameter of the visual field subtends an angle of no greater than 20 degrees.

Visual Impairment (Handicap)—A child shall be reported as visually impaired if central acuity, with corrective lenses, does not exceed 20/70 in either eye, but who is not blind; or whose visual acuity is greater than 20/70, but is accompanied by a limitation in the field of vision such that the widest diameter of visual field subtends an angle of no greater than 140 degrees or who suffers any other loss of visual function that will restrict learning processes, e.g., faulty muscular action.

*__Multiple handicaps:__ Children will be reported as having multiple handicaps when in addition to their primary or most disabling handicap one or more other handicapping conditions are present.

Table A — Continued on page 7

Not to be included in this category are persons whose vision with eyeglasses is normal or nearly so.

Deafness—A child shall be reported as deaf when any *one* of the following exist: (a) his/her hearing is extremely defective so as to be essentially nonfunctional for the ordinary purposes of life; (b) hearing loss is greater than 92 decibels (ANSI 1969) in the better ear; (c) legal determination of deafness in the state of residence.

Hearing Impairment (Handicap)—A child shall be reported as hearing impaired when any *one* of the following exist: (a) the child has slightly to severely defective hearing, as determined by his/her ability to use residual hearing in daily life, sometimes with the use of a hearing aid; (b) hearing loss from 26-92 decibels (ANSI 1969) in the better ear.

Physical Handicap (Orthopedic Handicap)—A child shall be reported as crippled or with an orthopedic handicap who has a condition which prohibits or impedes normal development of gross or fine motor abilities. Such functioning is impaired as a result of conditions associated with congenital anomalies, accidents, or diseases; these conditions include for example spina bifida, loss of or deformed limbs, burns which cause contractures, cerebral palsy.

Speech Impairment (Communication Disorder)—A child shall be reported as speech impaired with such identifiable disorders as receptive and/or expressive language impairment, stuttering, chronic voice disorders, and serious articulation problems affecting social, emotional, and/or educational achievement; and speech and language disorders accompanying conditions of hearing loss, cleft palate, cerebral palsy, mental retardation, emotional disturbance, multiple handicapping conditions, and other sensory and health impairments. *This category excludes conditions of a transitional nature consequent to the early developmental processes of the child.*

Health Impairment—These impairments refer to *illnesses of a chronic nature or with prolonged convalescence* including, but not limited to, epilepsy, hemophilia, severe asthma, severe cardiac conditions, severe anemia or malnutrition, diabetes, or neurological disorders.

Mental Retardation—A child shall be considered mentally retarded who, during the early developmental period, exhibits significant sub-average intellectual functioning accompanied by impairment in adaptive behavior. *In any determination of intellectual functioning using standardized tests that lack adequate norms for all racial/ethnic groups at the preschool age, adequate consideration should be given to cultural influences as well as age and developmental level (i.e. finding of a low I.Q. is never by itself sufficient to make the diagnosis of mental retardation).*

Serious Emotional Disturbance—A child shall be considered seriously emotionally disturbed who is identified by professionally qualified personnel (psychologist or psychiatrist) as requiring special services. This definition would include but not be limited to the following conditions: dangerously aggressive towards others, self-destructive, severely withdrawn and non-communicative, hyperactive to the extent that it affects adaptive behavior, severely anxious, depressed or phobic, psychotic or autistic.

Specific Learning Disabilities—Children who have a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which disorder may manifest itself in imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations. Such disorders include such conditions as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. Such term does not include children who have learning problems which are primarily the result of visual, hearing, or motor handicaps, of mental retardation, of emotional disturbance, or of environmental disadvantage. *For preschool children, precursor functions to understanding and using language spoken or written, and computational or reasoning abilities are included.* (Professionals considered qualified to make this diagnosis are physicians and psychologists with evidence of special training in the diagnosis of learning disabilities and at least Master's degree level special educators with evidence of special training in the diagnosis of learning disabilities.)

4. *Severely and Substantially Handicapped Children*—Head Start policy distinguishes between two groups of children: children who have minimal handicapping conditions and do not require special services (e.g., children whose vision with eyeglasses is normal or nearly so); and those children who are handicapped, as defined in the legislation, and who by reason of their handicap require special education and related services. (See Table A, page 6) The purpose in making this distinction is so that only children who require additional education or support services can be counted for the purpose of the 10 percent enrollment requirement. Head Start considers the children who need special services, namely those whose handicap cannot be corrected or ameliorated without such special services, as substantially or severely handicapped. Children with minimal or milder handicapping conditions will continue to receive appropriate Head Start services but these children are not considered as part of the Congressionally mandated enrollment target. For example, the category "speech impairment" states that "conditions of a transitional nature consequent to the early developmental processes of the child" are not to be considered as a handicap.

   Some of the children with severe handicaps have been referred from other agencies to Head Start so that they can participate in a mainstream developmental environment. This opportunity for severely and substantially handicapped children to learn and play with nonhandicapped children is vital to their optimal development.

   Not all handicapped children are best served in Head Start programs. Certain severely handicapped children (e.g., the profoundly retarded) require intensive special services on a one-to-one basis which often cannot be provided in a mainstream setting with nonhandicapped children. Severely handicapped children are enrolled in Head Start only when the professional diagnostic resource recommends that placement in the program is in the child's best interest and when the parents concur.

5. *Services for the Handicapped Child*—Head Start grantees and delegate agencies must insure that all handicapped children enrolled in the program receive the full range of comprehensive services available to nonhandicapped Head Start children, including provision for participation in regular classroom activities. These services—education, social services, parent involvement, and health services (including medical, dental, mental health, and nutrition)—take into account the child's needs, his or her developmental potential, and family circumstances. In addition, special educational services and support services are provided to meet the unique needs of the individual handicapped child.

6. *Mainstreaming*—Since its beginning in 1965, Head Start has maintained a policy of open enrollment for all eligible children, including handicapped children. As noted in the Head Start Manual of Policies and instructions, September 1967, "Head Start encourages the inclusion of mentally or physically handicapped preschool children in an integrated setting with other Head Start children." The legislative requirement that a specific portion of the enrollment opportunities be available to handicapped children is consistent with Head Start's approach of serving handicapped children in a mainstream setting. This mainstream experience of learning and playing with nonhandicapped children helps foster a positive self-image and assists the handicapped child in enhancing his or her potential.

7. *Program Models*—Head Start programs are encouraged to consider several program models and to select the one best suited to meeting the individual needs of children. These program options, which include a home-based model, a locally-designed option, a variation in center attendance option, and the standard 5 day center based model, allow the flexibility necessary to individualize services to handicapped children and their families. Within each model, Head Start programs are encouraged to develop an individual service plan based on the professional diagnosis, and with input from parents and the teacher, to respond to the child's unique needs and capabilities.

8. *Collaboration with Other Agencies*—As part of the effort to strengthen and expand services to handicapped children, Head Start programs are required to make every effort to work with other programs and agencies serving handicapped children in order to mobilize and maximize the available resources and services. Interagency collaborative efforts have been undertaken in the areas of outreach, recruitment, identification and referral assistance; screening, assessment, and diagnosis; provision of treatment and support services; and training and technical assistance. Local Head Start programs are required to take affirmative action to seek the support and involvement of other agencies on behalf of handicapped children.

   Local Head Start programs are encouraged to participate in the implementation of P.L. 94-142, the Education for All Handicapped Children Act of 1975. Head Start personnel have been working with local education agencies to insure that the number of children who have been professionally diagnosed as handicapped and who are receiving Head Start services are included in the state count on which allocation of federal education for handicapped funds is based. Head Start programs are also working with statewide "Child Find" efforts, the search for unserved handicapped children. Some Head Start programs are reimbursed by local school systems for providing services to preschool handicapped children under the Education for All Handicapped Children Act of 1975 and other state and local funding auspices, and Head Start encourages such arrangements.

   Head Start collaborative efforts are not limited to local and State levels, however. On the Federal level, cooperation between Head Start and the Bureau of Education for the Handicapped (BEH) has been particularly successful. Two major demonstration efforts have been jointly funded by Head Start and BEH since 1973. The first demonstration project was designed to develop and test alternative approaches to delivering services to preschool handicapped children and their families. The second, now in progress, has established a national network of 14 Resource Access Projects (RAPs) which match regional resources for handicapped children with the needs of individual Head Start programs. Both of these efforts are benefiting local programs, Head Start and non-Head Start, that are serving handicapped children.

9. *Ten Percent Handicapped Enrollment by State*—Head Start's objective is to achieve at least 10 percent enrollment of handicapped children by State and to provide the special services necessary to meet the children's needs. Primary responsibility for assuring that at least 10 percent of Head Start enrollment opportunities within each state are available to handicapped children is placed at the Regional Office level. The Regional Offices worked with individual Head Start grantees to determine enrollment targets, to strengthen recruitment strategies, to develop plans for providing services, and to conduct liaison activities with other community resources.

Chapter 2

Status of Handicapped Children in Head Start

The Headstart, Economic Opportunity, and Community Partnership Act of 1974 requires that *"the Secretary shall report to the Congress at least annually on the status of handicapped children in Head Start programs, including the number of children being served, their handicapping conditions, and the services being provided such children."*

The data contained in this report were obtained through the 1977 Survey of Head Start Handicapped Efforts conducted for the Administration for Children, Youth and Families, Division of Research and Evaluation by Informatics, Inc. The basic information contained in this report on full year Head Start programs was collected by mail and telephone procedures. The 1977 survey questionnaires were mailed to all Head Start grantees and delegate agencies in January 1977. Head Start programs responded on the status of handicapped children as of March 15, 1977. (A similar survey was conducted of 1976 Summer Head Start programs. Data on these programs are presented in Chapter 3.)

Unless otherwise stated, the data in this report refer to those Full Year Head Start grantees and delegates that responded to the mail survey. Of a total of 1,641 questionnaires mailed to Head Start full year programs, 1,428 were completed and returned for a final response rate of 89 percent.

The mail-out survey was organized into five major sections:

1. *General Information*—Data on both handicapped and nonhandicapped children, enrollment rates, number of centers and classes, and outreach activities.
2. *Staffing*—Number and type of staff and volunteers.
3. *Staff Training*—Preservice and inservice training, including number of participants, costs, topics, providers of training, and additional training needed.
4. *Physical Facilities, Equipment, and Materials*—Requirements for handicapped children, modifications, and purchases made and needed, and costs.
5. *Enrollment of Handicapped Children Professionally Diagnosed at the Time of the Survey and the Services Provided*—Data reported by each of the handicap categories on numbers enrolled, source of diagnosis, multiple handicaps, services received, and costs.

Information concerning diagnosis and the types of services provided were addressed by the category of handicap: blindness, visual impairment, deafness, hearing impairment, physical handicap (orthopedic handicap), speech impairment (communication disorder), health impairment, mental retardation, serious emotional disturbance and specific learning disabilities.

Special telephone interviews were conducted in May 1977, with a selected sample of 10 percent of the non-respondent full year programs to obtain a profile of the non-respondents in comparison to the respondents. The data from the telephone interviews substantiates the findings from the survey as representative of all Head Start programs.

A telephone validation survey was conducted with a 10 percent sample of those full year respondents for whom questionnaires were considered error free. The 110 programs were randomly sampled by region and state in this survey. The data from these programs support the overall survey results, suggesting that, at the time of the original survey, programs accurately reported the status of the handicapped Head Start children. The findings of the survey data are also consistent with information available from site visits by Head Start national and regional staff to Head Start programs serving handicapped children and from other independent information.

A. Number of Handicapped Children Enrolled

It has been estimated that there are 190,000 Head Start eligible handicapped children of preschool age (3-5) in the United States. Many of these children have not been served in the past because there simply were not enough facilities or qualified staff available. Although Head Start, with its current enrollment level, cannot meet the needs of such a large population of handicapped children, it is making a notable contribution. A Head Start experience is particularly valuable for those handicapped children who can benefit from a comprehensive developmental experience in a mainstreamed setting, one that integrates handicapped and nonhandicapped children. Both the number of handicapped children enrolled in Head Start and the proportion which they represent of the total program enrollment have risen steadily since the data were first reported in 1973. All but a small fraction of these children are being mainstreamed.

—Children professionally diagnosed as handicapped accounted for 13 percent of total enrollment in full year programs.

There were 36,133 handicapped children served in reporting Head Start programs in 1977. The 13 percent of total Head Start enrollment represents an increase over last year's, when handicapped children accounted for 12.2 percent.

—In 49 of the 50 states, children professionally diagnosed as handicapped accounted for at least 10 percent of Head Start enrollment in full year programs.

With the exception of one state (California, with an enrollment of 8.9 percent), the minimum enrollment requirement has been implemented. Two years ago, almost half (23 states) failed to achieve the minimum; last year, five states fell short of the 10 percent target.

The other geographic entities treated as states in the Head Start legislation reported the following proportion of enrollment of handicapped children: Guam, 16.3 percent; Puerto Rico, 14.3 percent; District of Columbia, 8.6 percent; Virgin Islands, 6.7 percent; and the Trust Territories of the Pacific Islands, 3.3 percent. Indian programs reported 11.7 percent, and Migrant programs 6.5 percent. These are increases over last year. (Appendix A provides enrollment data for each state or geographic entity.)

—97.3 percent of all full year Head Start programs served at least one handicapped child.

This proportion has increased from 88 percent in 1975 to 95 percent in 1976, to the current 97 percent as Head Start services have been broadened at the program level.

—70 percent of Head Start programs have enrolled at least 10 percent handicapped children.

In 1976, 66 percent of Head Start programs enrolled at lest 10 percent handicapped children; this percentage had increased by 3 points as of March 1977.

B. Types of Handicaps

Head Start is mandated to serve children with a broad range of handicaps such as "mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, orthopedically impaired, other health impaired, or children with specific learning disabilities who require special education and related services."

The types of handicapping conditions of those children professionally diagnosed as handicapped are presented in Table 1 and Figure 1 as a proportion of the total population of 36,133 handicapped children in full year Head Start programs that responded to the survey. Fifty percent of the handicapped children enrolled in Head Start have been diagnosed as speech impaired, an increase over the 47 percent reported in the previous full year survey. This is consistent with national estimates of children requiring special assistance in speech and language development. Figure 2 reports the comparable incidence of handicapping conditions among children aged 0-19 based on the latest data compiled by the Bureau of Education for the Handicapped.

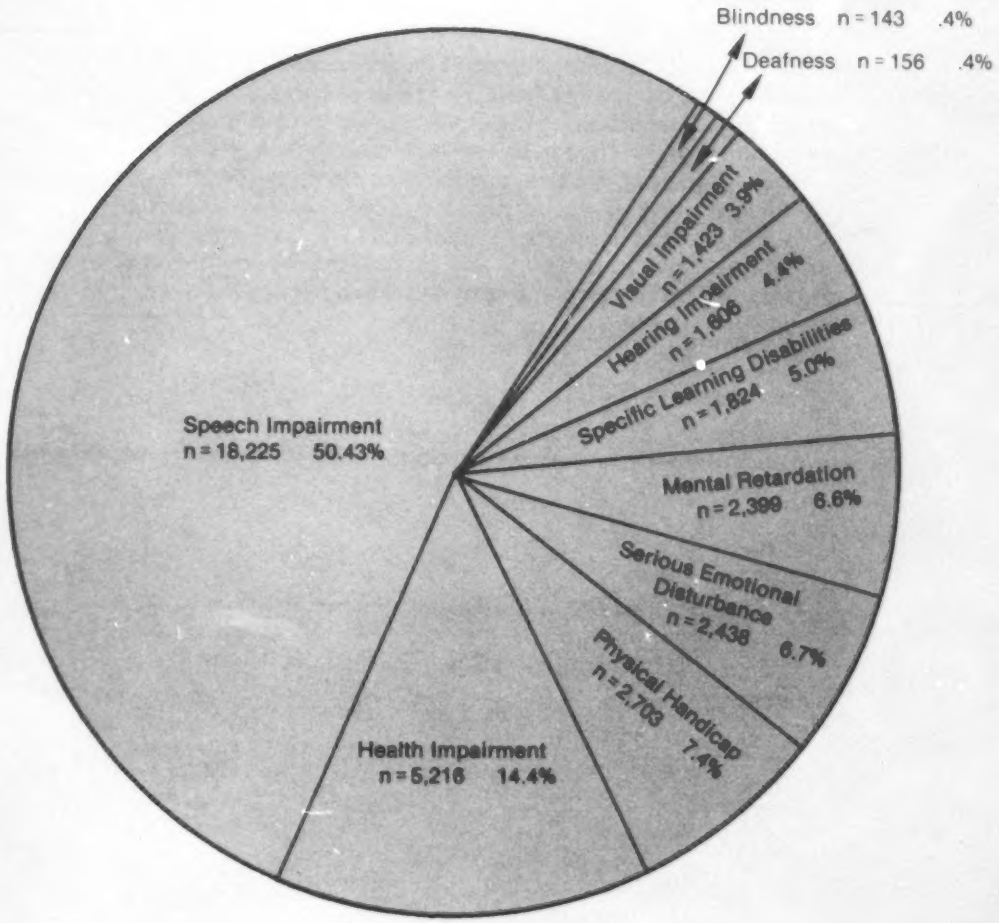
Table 1

Types of Handicapping Conditions of Children Being Served by Full Year Head Start Programs

Handicapping Condition	Number	Percent of Total Number of Children Reported
Speech Impairment	18,225	50.4
Health Impairment	5,216	14.4
Physical Handicap	2,703	7.4
Serious Emotional Disturbance	2,438	6.7
Mental Retardation	2,399	6.6
Specific Learning Disability	1,824	5.0
Hearing Impairment	1,606	4.4
Visual Impairment	1,423	3.9
Deafness	156	.4
Blindness	143	.4

Figure 1

PRIMARY OR MOST DISABLING HANDICAPPING CONDITIONS
OF HANDICAPPED CHILDREN ENROLLED IN FULL YEAR HEAD START
MARCH 1977

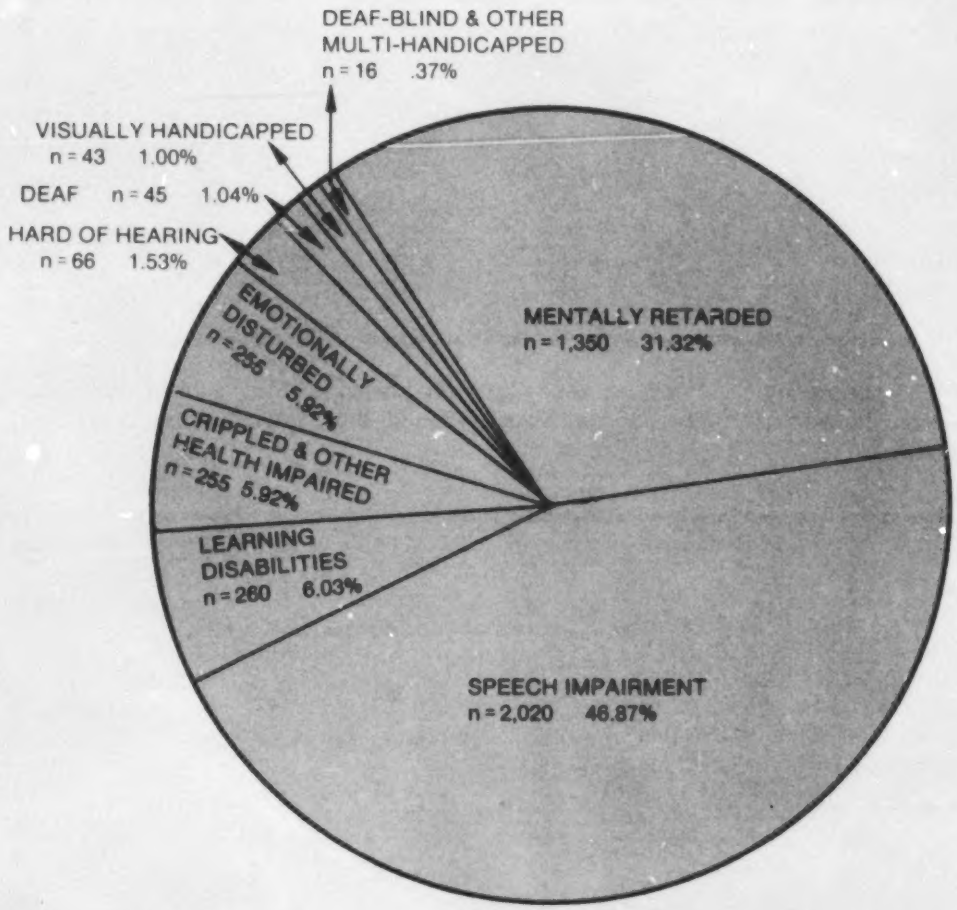

Blindness n = 143 .4%
Deafness n = 156 .4%
Visual Impairment n = 1,423 3.9%
Hearing Impairment n = 1,606 4.4%
Specific Learning Disabilities n = 1,824 5.0%
Mental Retardation n = 2,399 6.6%
Serious Emotional Disturbance n = 2,438 6.7%
Physical Handicap n = 2,703 7.4%
Health Impairment n = 5,218 14.4%
Speech Impairment n = 18,225 50.43%

(Total Number = 36,133)

Figure 2

HANDICAPPING CONDITIONS OF
HANDICAPPED CHILDREN AGES 0-19 SERVED*

(NUMBERS IN THOUSANDS)



*Source: Estimated Number of Handicapped Children Served by Type of Handicap as Reported by State Education Agencies to the Bureau of Education for the Handicapped, U.S. Office of Education, Fall and Winter 1975-76, dated March 1976.

Of the 18,225 speech impaired children, a primary specific handicapping condition was reported for 17,090 children enrolled in Full Year Head Start programs. The data on the number of children having a primary specific condition are presented in Table 2.

Table 2

Primary Specific Handicapping Conditions of Children Professionally Diagnosed as Speech Impaired

Specific Conditions	Percentage of Total
Severe Articulation Difficulties	45.2
Expressive or Receptive Language Disorders	40.8
Severe Stuttering	3.4
Voice Disorders	3.0
Cleft Palate	2.2
Other Speech Impairments	5.4
Total	100.0

A primary specific handicapping condition was reported for 4,951 of the 5,216 health impaired children enrolled in Full Year Head Start programs. The data are presented in Table 3.

Table 3

Specific Handicapping Conditions of Children Professionally Diagnosed as Health Impaired

Specific Conditions	Percentage of Total
Severe Anemia/Blood Disorders	18.2
Respiratory Disorders	17.2
Heart/Cardiac Disorders	14.7
Epilepsy/Convulsive Disorders	14.6
Brain Damage/Neurological Disorders	9.4
Malnutrition	5.1
Diabetes	1.8
Other Disorders	19.0
Total	100.0

A review of the distribution of conditions for children who are health impaired indicates that 5 percent are reported as malnourished. In addition, if one considers anemia/blood disorders as an indicator of malnourishment, it is suggested that approximately 23 out of 100 health impaired children in Head Start may have clinical signs of malnutrition. The Administration for Children, Youth and Families plans to devote priority attention to malnutrition among Head Start children in future health

research and evaluation in order to confirm the extent of this health hazard and to determine the extent to which it is associated with handicapping conditions.

C. Severity of Handicaps

Head Start serves a significant proportion of children with severe or multiple handicaps. Such children present additional challenges to Head Start staff in the planning and provision of individualized plans. Head Start policy requires that the individual plan of action for special education, treatment and related services be based on the child's specific handicapping conditions and the unique needs arising from those conditions. A child with multiple handicaps is likely to need a variety of treatment and services; Head Start staff, in conjunction with other professionals and the child's family, have to set priorities and objectives, and tailor special services for that child in order to provide a focused, systematic plan of action.

—10,119 or 28 percent of the handicapped children enrolled in the reporting Head Start programs have multiple handicapping conditions.

Analysis by type of handicap is revealing. Compared to other handicapping conditions, deaf children show the highest incidence of multiple handicap (69.2 percent) and mentally retarded children the next highest (64.3 percent).

Table 4 provides specific data on the number of children who have multiple handicapping conditions.

Table 4

Distribution of Number of Children By Primary Or Most Disabling Handicap Who Have One Or More Other Professionally Diagnosed Handicapping Conditions

Primary Handicapping Condition	Number of Children Reported	Number of Children With One or More Other Handicapping Conditions	Percent of Children Who Have One Or More Other Conditions
Deafness	156	108	69.2
Mental Retardation	2,399	1,543	64.3
Specific Learning Disability	1,824	884	48.5
Hearing Impairment	1,606	697	43.4
Blindness	143	57	39.9
Physical Handicap	2,703	1,077	39.8
Serious Emotional Disturbance	2,438	864	35.4
Visual Impairment	1,423	421	29.6
Health Impairment	5,216	1,242	23.8
Speech Impairment	18,225	3,226	17.7
Total	36,133	10,119	28.0

Chapter 3

Services to Handicapped Children

Local Head Start programs developed and carried out activities for services of direct and immediate benefit to handicapped children. These activities and services started with active recruitment of handicapped children who might benefit from Head Start. Programs provided assessment and diagnosis to evaluate accurately the nature and severity of each child's handicap in order to serve the child most effectively. Head Start programs continued to increase their own staff, facilities, and other capabilities to meet the growing service needs of the handicapped children enrolled. In addition, the programs used other agencies as sources of special services and technical assistance. This chapter reports on the degree to which these activities and services are being performed, the costs associated with them and the need for additional staff, facilities, and other capabilities to continue to meet this effort.

A. Outreach and Recruitment

Of the total 1,428 programs responding to the survey, 95.5 percent reported special efforts to locate and recruit handicapped children. This represents a steady increase over outreach efforts of the last two years when 78 percent (1975) and 92 percent (1976) reported making such efforts.

Further evidence of intensified efforts to recruit handicapped children is reflected in the proportion of programs reporting the use of outside agencies to assist in these activities. In 1976, 7 out of 10 programs used other agencies to assist in outreach and recruitment. Close to 8 out of 10 programs did so this year.

A wide variety of sources were used by Head Start programs for outreach and recruitment. Most common among these were referrals by former Head Start parents, parents of Head Start siblings, local school systems, welfare agencies, public health departments, and other agencies. More than half of the programs also used door-to-door canvassing and newspaper articles.

Head Start programs and other agencies serving handicapped children have come to recognize the roles of each in providing services. Generally, the Head Start program serves as the primary provider of a mainstreamed learning experience, while other agencies assist in providing the needed special services.

The reporting Head Start programs enrolled 36,133 handicapped children. However, another 2,325 handicapped children could not be enrolled for reasons presented in Table 5. The most common reasons included the child's family did not meet income guidelines, other agencies were already serving the child, and no openings were available.

B. Diagnosis and Assessment of Handicapped Children

Handicapped children are defined as "mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, orthopedically impaired, or other health impaired children or children with specific learning disabilities who by reason thereof require special education and related services." This definition excludes children with correctable conditions who do not need special services or children who will not require services additional to those which Head Start programs regularly provide.

Table 5

RANK ORDERING OF REPORTED REASONS WHY SOME HANDICAPPED CHILDREN LOCATED BY OR REFERRED TO FULL YEAR HEAD START PROGRAMS WERE NOT ENROLLED

Reasons for Not Enrolling Some Handicapped Children	Number of Programs*	Percent of Reporting Programs*
Child's family didn't meet income guidelines	186	32.2
Other agencies already serving child	169	29.2
Other	167	28.9
No available openings	162	28.0
Child's parents refused	153	26.5
Lack of transportation	150	26.0
Child's handicap was too severe for him to benefit	111	19.2
Lack of suitable facilities or equipment	70	12.1
Lack of appropriately trained staff	62	10.7
Behavioral problems	32	5.5
Child's attendance would be detrimental to other children	22	3.8
Concern over possible legal liabilities	6	1.1
Other children's parents objected	5	.9

*578 programs reported one or more reasons for not enrolling certain handicapped children.

In order to meet the legislated requirements for reporting and, more importantly, to insure that children who are considered handicapped are not mislabeled or misdiagnosed, and to identify the requested special education and related services, Head Start requires that each child reported as handicapped be diagnosed by an appropriate professional. At the time of the survey, 36,133 or 13.0 percent of all the children enrolled in Head Start programs had been professionally diagnosed by qualified professionals as handicapped.

Of these 36,133 children, 36.5 percent had been diagnosed by professionals working in hospital clinics or other public agencies; 29.2 percent by private physicians, or other medical professionals (e.g., optometrists, psychologists, speech pathologists); and 34.3 percent by professionals employed by Head Start (e.g., psychologists, speech pathologists, optometrists).

In some communities, the Head Start program was the only channel of diagnosis to preschool handicapped children; in others, the Head Start program supplemented existing diagnostic services. In some situations, the diagnoses were provided by professional diagnostic teams and/or individual professionals, such as speech pathologists, psychologists, physicians employed as Head Start staff or consultants. In other situations, Head Start purchased needed services from private or public sources. In all instances, the Head Start program was responsible for insuring that the children were diagnosed by a professional with appropriate state licensure or certification.

Head Start programs are encouraged to work with other agencies and private diagnostic providers and to use the following strategy for each child suspected of being handicapped:

Step 1: *An interdisciplinary diagnostic team* (or an appropriate professional qualified to diagnose the specific handicap) uses the Head Start diagnostic criteria to make a categorical diagnosis solely for reporting purposes. Head Start programs must follow procedures to insure confidentiality and guard against mislabeling. No individual child is identified publicly as "handicapped." Only the numbers of children with specific handicapping conditions are reported by local Head Start programs to the Administration for Children, Youth and Families.

Step 2: The diagnostic team develops a *functional assessment* of the child. The functional assessment is a developmental profile that describes what the child can and cannot do and identifies areas that require special education and related services. The primary purpose of diagnosis is the functional assessment. The parents and the child's teacher should be active participants in the functional assessment and contributors to the diagnostic file.

Step 3: *An individualized program plan* is developed based upon the functional assessment, and becomes part of the diagnostic file. The plan reflects the child's participation in the full range of Head Start comprehensive services and describes the special services needed to respond to the child's handicap. The plan spells out activities that take place in the classroom, involvement of parents, and special services provided by Head Start or other agencies. The plan is developed in concert with the diagnostic team, the parents and the child's teacher.

Step 4: *Ongoing assessment* of the child's progress is made by the Head Start teacher, the parents and, as needed, by the diagnostic team. The individualized program plan and the delivery of services is modified based on this periodic evaluation.

Step 5: The Head Start program makes appropriate arrangements for *continuity* of services when the child leaves the program. This may include (1) updating the assessment information with the development of recommendations for future treatment, (2) an exit interview with parents, schools, and other agencies describing the services rendered to and needed by the child, and (3) transfer of files with parental consent. Public school is the primary agency responsible for following up to insure continuity of services after the child leaves the Head Start program.

Staff interchange between Head Start programs and outside diagnostic providers to form a combined diagnostic team with close and continuing involvement of parents, appears to be the best way to assure that the above strategy of diagnosis and assessment is implemented. Because many Head Start programs do not have all of the necessary staff expertise in this area, a working relationship with various other diagnostic providers in the community facilitates a comprehensive approach to assessment.

C. Mainstreaming and Special Services

In mainstreaming handicapped children before the age of 5, Head Start has built on accepted principles of the importance of early years in all aspects of a child's development. All children share the same basic needs for love, acceptance, praise, and a feeling of self-worth. All developmental early childhood programs address themselves to the child's individual strengths, weaknesses, mode of learning and special problems. Head Start attempts to meet these needs through a carefully sequenced educational component and a network of supporting services—medical, dental, nutritional, social services, mental health, and parent participation—tailored to the specific capabilities of each child. In addition, handicapped children receive special education, therapy, or other services, either within Head Start or as provided by other agencies. Parents of handicapped children receive training, counseling, and support to help manage their handicapped child.

Mainstreaming—By functioning in an integrated group during the early years, the handicapped child can learn the ways of the world and some of the problems to be faced. Being with nonhandicapped children early can make the inevitable adjustments of the handicapped child easier. As a result of these experiences, the child will begin to develop a sense of control over his or her own life and an ability to function among other people in spite of the disability.

Integrated preschool programs give disabled children a chance to play and learn with children who will someday be their co-workers, friends, and neighbors. Both groups benefit most from being together on a regular basis during the years when their attitudes and perceptions of themselves and others are most pliable. The nonhandicapped child will gain a greater understanding of the range of human differences, and will learn to enjoy being with other children who manifest different characteristics and capacities.

Mainstreaming is in the best interests of a large proportion of handicapped children. There are, of course, a few children who for a variety of reasons do better in segregated classes or homebased programs. For example, some children may have initial difficulty in adjusting to a center-based Head Start experience. A home-based option can provide the necessary bridge between the family and a nonhandicapped peer group. For the handicapped child, the home-based setting is seen as a supplement, not a substitute, for the mainstream classroom setting.

Others benefit from a flexible approach and may spend part of the week in a special program and part in an integrated program. Head Start policy requires that the handicapped child be placed in a mainstream classroom setting as soon as possible.

Head Start continues to be one of the largest programs that include preschool handicapped children in group experiences on a systematic basis. In 1977, 97.5 percent of all Head Start programs had enrolled at least one handicapped child. Moreover, last year handicapped children were present in 91.3 percent of all centers, and 84.7 percent of all classrooms. These figures, which have shown a steady increase over recent years, indicate that the enrollment and mainstreaming of handicapped children has become a characteristic feature of local Head Start programs.

Special Services—Handicapped children have special needs which may require special services, equipment and materials, and modification of existing facilities. The special services required may be provided through Head Start or through outside agencies or through a combination of both. Based on responses to the 1977 survey, Table 6 describes the services provided to handicapped children, and reports the percent and number of services provided this year and the percent for the previous year.

Table 6

SPECIAL SERVICES PROVIDED TO HANDICAPPED CHILDREN ENROLLED IN FULL YEAR HEAD START PROGRAMS

Services Provided	1977	1976
Percent (total) of children who are receiving special educational services in the Head Start classroom	41.9	38.6
Percent (total) of parents receiving special services from Head Start related to their child's handicap	39.6	29.3
Percent (total) of children who are receiving special services from other agencies	38.0	34.2
Percent (total) of children who are receiving special health or nutritional services from Head Start	11.3	14.0

Head Start programs generally have a handicapped coordinator who is responsible for providing or arranging for special services for handicapped children. An example of the activities of the handicapped coordinator is in the case of a 4 year-old boy who was enrolled in Head Start on referral from the local welfare agency as having serious visual problems. The boy's vision problem had affected his motor, cognitive, and social skills. The handicapped coordinator arranged for a complete diagnostic evaluation. He was found to have no vision in the right eye and impaired vision in the left eye. Glasses were prescribed. The handicapped coordinator assisted the parents in arranging for their purchase. Based on the functional assessment by the diagnostic team, even with glasses the boy's eye-hand coordination was found to be limited, he lacked interest in books, but showed interest and skill in acting out stories or situations.

Consequently, the coordinator, the teacher and the parents developed an individualized plan to help this boy. The plan included activities that facilitated the boy's adjustment to his glasses, learning some braille language, providing practice in eye-

hand coordination, and developing audio and tactile senses. The handicapped coordinator located people and material resources that would help the teacher and the parents, and periodically visited the classroom to share her knowledge with the teacher. In addition, she made periodic home visits to assist the mother in working with her son.

In 89.4 percent of the programs, a person had been designated to coordinate services for handicapped children, an increase over the previous year when 82 percent had designated a coordinator. Some 64.4 percent of the coordinators worked on a full time basis. The coordinators are professionals who have training and experience in special education services. Many have advanced degrees in speciality areas such as speech correction or education of mentally retarded.

Head Start programs modified their physical facilities in order to meet the needs of handicapped children. The survey showed that 15.3 percent of the programs (218) required special modifications in their physical facilities. Of these 218 programs, 40 percent had made the modifications and 35.8 percent had modifications scheduled. Another 23.8 percent stated that modifications were still required, in addition to those made or scheduled to be made.

In order to meet the needs of handicapped children, 73 percent of Head Start programs had acquired or were acquiring special equipment or materials:

- —Equipment for fine and gross motor skills development
- —Language and speech development materials
- —Materials and references for staff development
- —Special books and instructional equipment
- —Instructional materials for parents
- —Audio-visual aids
- —Transportation equipment

However, 56.4 percent of the programs still required additional equipment or materials in addition to those acquired or ordered to better serve the handicapped children. The additional requirements included:

- —Materials and references
- —Instructional materials for parents
- —Language and speech development materials
- —Equipment for fine and gross motor skills
- —Special books and instructional equipment
- —Audio-visual aids
- —Transportation equipment

D. Training and Technical Assistance

If Head Start programs are to insure appropriate and high quality educational and developmental experiences for handicapped children, staff capability to work with handicapped children is critical. Indeed, the quality of Head Start services to handicapped children hinges on such staff capability. Therefore, priority has been given to staff training with emphasis on the handicapped coordinator, teachers, aides, and the health services coordinator. Some 78 percent of the programs reported that preservice training had been provided to current staff, while 89 percent of the programs had been or were providing inservice training to current staff. However, 81 percent of the programs reported that staff would require further training.

— More than half of the programs provided training in the areas of child development, recognition of handicapping conditions, techniques of screening/diagnosis/assessment, special education curricula, integration of the handicapped child, and working with parents.

— More than one third of the programs provided training in the areas of mental health, psychological problems, medical needs, staff attitudes and sensitivity, resource identification and speech and language.

Programs also reported on the average number of preservice and inservice training hours. For preservice training, 49 percent of the programs reported an average of 1-9 hours; 36 percent reported an average of 10-29 hours and 14 percent reported 30 or more hours. For inservice training, 38 percent reported an average of 1-9 hours; 38 percent an average of 10-29 hours, and 23 percent reported 30 or more hours of training.

Resource Access Projects (RAP)—Head Start training and technical assistance efforts are not limited to the local levels. As part of the overall handicapped support strategy, ACYF funded a network of projects entitled Resource Access Projects. The RAPs function as brokers, facilitating the delivery of training and technical assistance to meet local Head Start programs' needs in the area of services to handicapped children.

The basis for the establishment of the RAPs was the knowledge that while a variety of resources appropriate to serving the handicapped child were already in existence, many Head Start programs were not able to find or apply these resources to their particular needs. The Resource Access Projects are designed to link local Head Start staff to these resources so that the special needs of handicapped children are met.

Each RAP is located at a site which also receives Bureau of Education for the Handicapped (BEH) funds to serve handicapped preschool children. (See Table 7.) Most of the projects funded as RAPs are associated with the BEH Handicapped Children's Early Education Program (HCEEP) projects, giving the RAP system access to an extensive network of methods, media, and materials developed by the nearly 200 HCEEP projects. Additionally, the RAPs are required to identify all other possible sources of training and technical assistance and to enlist their support in helping Head Start find and serve handicapped children. Examples of resources include public health departments, community mental health centers, speech and hearing clinics, developmental disabilities councils, universities and colleges, professional associations, and private providers of training, technical assistance, materials, and equipment.

Each RAP helps Head Start grantees clarify their needs and set priorities in the area of services to handicapped children. For example, a local Head Start program might decide that it needs help in identifying handicapped children, in getting handicapping conditions professionally diagnosed, in providing ongoing assessment to track each child's development, in finding classroom activities suitable for both handicapped and non-handicapped children, or in arranging specialized medical services for a particular child.

After a determination has been made as to which need is the most pressing, the RAP would provide the Head Start staff with alternative courses of action for meeting that need. The relative costs, benefits, and requirements would be outlined. The RAP then arranges for the delivery of information or assistance.

The process is monitored, with both the provider and recipient providing feedback about the success of each incidence of assistance. An independent evaluation study of

Table 7

DHEW Region	States Served	Resource Access Project (RAP)
I	Maine New Hampshire Vermont Connecticut Massachusetts Rhode Island	Education Development Center, Inc. Newton, MA 02160
II	New York New Jersey Puerto Rico Virgin Islands	New York University School of Continuing Education New York, New York 10012
III	Pennsylvania West Virginia Virginia Delaware Maryland District of Columbia	PUSH/RAP Keyser, West Virginia 26726
IV	North Carolina South Carolina Georgia Florida Mississippi	Chapel Hill Training Outreach Project Lincoln School Chapel Hill, N.C. 27514
	Kentucky Tennessee Alabama	The Urban Observatory Nashville, Tennessee 37212
V	Illinois Indiana Ohio	University of Illinois Colonel Wolfe Preschool Champaign, Illinois 61820
	Minnesota Wisconsin Michigan	Portage Project Resource Access Project Portage, Wisconsin 53901
VI	Texas Louisiana Oklahoma Arkansas New Mexico	Bernalillo County Mental Health/ Mental Retardation Center Albuquerque, New Mexico 87101
VII	Missouri Kansas Iowa Nebraska	University of Kansas City Medical Center Children's Rehabilitation Unit Kansas City, Kansas 66103

Table 7 – Continued on page 27

VIII	Colorado North Dakota South Dakota Montana Utah Wyoming	Mile High Consortium Denver, Colorado 80231
IX	California Arizona Hawaii Nevada Pacific Trust Territories	Los Angeles Unified School District Special Education Division Los Angeles, California 90012
X	Washington Oregon Idaho	University of Washington Experimental Education Unit Seattle, Washington 98195
	Alaska	Easter Seal Society for Alaska Crippled Children & Adults Anchorage, Alaska 99501

RAP activities in 1976-1977 based on site visits and a telephone survey indicated that all of the Head Start grantees are familiar with their RAP and its purpose, and that 94 percent have used their RAP for a variety of services. In general 75 percent of the programs sampled reported satisfaction with their RAPs and the services provided.

Development of Program Manuals for Project Head Start—In addition, Head Start is developing a series of program manuals for use by Head Start teachers and parents in planning appropriate classroom activities for handicapped children in a mainstreamed Head Start classroom. Eight manuals are in the final stages of development. They are:

Mainstreaming Preschoolers

- Children with Mental Retardation
- Children with Health Impairments
- Children with Visual Handicaps
- Children with Speech and Language Impairments
- Children with Orthopedic Handicaps
- Children with Emotional Disturbances
- Children with Hearing Impairments
- Children with Learning Disabilities

The manuals will provide staff with information on the special services required to meet the needs of the handicapped children. The manuals will provide specific classroom techniques to insure mainstreaming and general advice concerning the various handicapping conditions the staff may encounter. Other federal agencies, national voluntary organizations, and professional associations are assisting with the contents of the manuals. Special training sessions will be conducted to assist teachers in the use of the manuals. The manuals will also be made available to schools and other groups working with preschool handicapped children.

E. Parents

Head Start is based on the assumption that parents and staff must work closely together. The gains made by a child in the program must be understood and built upon by the family. Head Start provides for the involvement of the child's parents and other members of the family in the experiences of the child in the Head Start center by furnishing them with many opportunities for participation and involvement in decisions concerning their child. In addition, parents of handicapped children are trained to participate with their child in activities that will foster development and learning. They are also afforded special support to work through feelings associated with the child and the child's handicap and their own worth as parents.

Parent involvement is not limited to center-based Head Start programs. Head Start's home-based option of delivery of developmental services may be appropriate to the special needs of certain handicapped children and their families. For example, some children may have initial difficulty in adjusting to a center-based Head Start experience. A home-based experience can provide the necessary bridge between the family and a nonhandicapped peer group. The home-based approach involves home visitors who are trained to work with parents in child development activities and to build parents' knowledge about child development, parenting skills and techniques of working with their handicapped child. Head Start policy requires that the handicapped child be placed in a mainstream classroom setting as soon as possible. The home-based setting is seen for the handicapped child as a supplement, not a substitute, for the mainstream classroom setting.

Head Start programs responding to the survey reported that 18,132 parents received special services. These included counseling, referrals to other agencies, special classes, provision of special literature or teaching materials, group discussion sessions, and transportation assistance. This is a significant increase over the number of parents who received similar help last year.

Parents are the prime educators of their children. Parents of handicapped children have a double role. They not only educate their children but manage their children's treatment and/or special services, and often provide some of the treatment.

F. Working with Other Agencies

Head Start and other agencies and organizations concerned with handicapped children must coordinate efforts if they are to make maximum use of their limited individual resources. Few agencies have all of the human and material resources needed to provide a comprehensive program of services for handicapped children, from outreach and recruitment, through diagnoses and assessment, to treatment and special support services. By coordinating efforts and expertise, overlapping services and gaps in services can be avoided. For example, a hospital may have the therapy facilities and professionals that a Head Start program lacks; the hospital may refer a handicapped child to Head Start for a mainstreamed preschool experience while continuing to provide therapy or related treatment to the child. Outside voluntary agencies have played a crucial role in helping Head Start mainstream children, and the special services related to information and training they have provided have increased both the expertise and confidence of Head Start staff members.

Current Local Efforts—Head Start programs worked with other agencies in several ways. Seventy-five percent of the programs utilized other agencies to locate and recruit

handicapped children through referral and outreach activities including community meetings, newspaper articles, door-to-door canvassing and mail campaigns.

Twenty-eight percent of the handicapped children enrolled in the programs had been diagnosed and referred to Head Start by other agencies including welfare departments, public school systems, Easter Seal Societies, and Crippled Children Associations.

Twenty-eight percent of the programs had received technical assistance from special purpose agencies in planning or implementing their training about handicapped children.

Thirty-eight percent of the children received special services from other agencies. These services included occupational and physical therapy, other therapy related to the child's specific handicapping condition, and special health services.

Education for All Handicapped Children Act of 1975, P.L. 94-142—Head Start has an important role to play in the coordinated effort to serve handicapped children, particularly in the implementation of P.L. 94-142. This landmark legislation, which has been called "The Bill of Rights for the Education of the Handicapped", requires a free appropriate education for all school age handicapped children. Although it does not require state or local public schools to serve preschool age handicapped children unless this service is consistent with state law and practice, the legislation does provide incentives to expand education and other services to preschool age (3-5) handicapped children, in that each state's allocation figures are based on the number of children 3-21 currently being served. As a major provider of services to the nation's preschool young handicapped children, Head Start personnel have been working with local education agencies to insure that the number of children who have been professionally documented as handicapped, and who are receiving Head Start services, are included in the state count.

In addition, P.L. 94-142 requires that each state implement a plan of "Child Find" which is designed to locate all handicapped children from birth through age 21. Head Start policies mandate an active plan for the recruitment of handicapped children. Therefore, many Head Start programs have coordinated their search for unserved handicapped youngsters with the statewide "Child Find" efforts. For example, Tennessee Head Start agencies participated in the state "Child Find" campaign during 1976-77. This form of collaboration increases the assurance of effective integrated service delivery to handicapped children.

Medicaid Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program—A primary resource for the early identification of Head Start children with special needs is the Medicaid Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program. Approximately 50 percent of all Head Start enrollees nationwide are eligible for this Title XIX program. Several training and technical assistance and special projects efforts have been undertaken to increase Head Start's ability to utilize this resource.

Supplemental Security Income (SSI) Program—The Supplemental Security Income (SSI) Program is a potential resource for many handicapped children. The cash payments it provides to those who are eligible may make the difference in the care the child receives and the entire family's living conditions. During 1976, ACYF worked closely with SSI staff to develop a fact sheet on the program and its application to handicapped children enrolled in Head Start. The fact sheet, which has been distributed throughout the Head Start network, describes the program, outlines the medical

eligibility and financial criteria, and explains the application procedure to be followed by the parent or guardian of the handicapped child. Head Start personnel are encouraged to make the fact sheet available to Head Start families. The recent inclusion of the SSI program under Title V, Crippled Children's programs will allow for even better coordination of services.

G. Continuity of Services after Head Start

Project Head Start is a major provider of services to young handicapped children, and its personnel recognize their responsibility to find ways to insure continuity in the handicapped child's education and development after Head Start. A fundamental concern is that handicapped children leaving Head Start continue their mainstream experience and continue to receive appropriate special services when they enter the public schools. The implementation of P.L. 94-142 makes it more likely that the handicapped child leaving Head Start will continue in a mainstreamed environment in the public school and will continue to receive the special education and other special services that were made available in Head Start. The purpose of P.L. 94-142 is to assure that all handicapped children have available to them a free appropriate public education which emphasizes special education and related services designed to meet their unique needs.

Head Start personnel are advocates for the optimal transition of handicapped Head Start youngsters into the public schools where the ultimate responsibility for the implementation of the law is placed. Just as Head Start personnel are familiarizing themselves with P.L. 94-142, so are school personnel becoming familiar with Head Start program services to handicapped children and their families. Head Start staff, public school staff, parents, administrators, along with resource persons from state and local service agencies will continue and intensify their joint planning, information, and service exchanges in order to achieve a level of continuity that will be in the best interests of the handicapped child.

H. Resource Utilization

Head Start received $23 million in FY 1977 for the handicapped effort. Before applying for these funds, each Head Start grantee was required to conduct a needs assessment and to seek out handicapped children to be served. Grantee funding was then based on the needs of these particular children and the specific dollar amounts necessary to meet their needs. The funds were used to improve diagnostic services for children, recruit additional qualified staff (professionals and paraprofessionals with expertise in special services), purchase services from other agencies when such services are not available without charge, purchase special equipment and materials, and modify physical facilities to meet the specific requirements of the children.

Head Start programs mobilized various resources for providing special services to handicapped children. Based on information from the reporting programs, the resources for the special services for handicapped children came from the following sources:

—51.4 percent from the $23 million in Head Start funds earmarked for services for handicapped children,

—15.5 percent from the basic Head Start grant,

—33.0 percent from other sources such as state, local and voluntary agencies.

Based on estimates of the data provided by the Head Start programs responding to the questionnaire, the average annual cost per child of providing the special education and related services to handicapped children ranges from $1,200 to

$1,540, above and beyond the average base cost per child for the normal range of Head Start services. These supplemental funds enable Head Start programs to provide a mainstreamed experience and special education and related services to preschool handicapped children.

I. Summer Head Start Programs

A survey of Head Start handicapped efforts in summer programs was conducted in July and August of 1976. The final response rate was 83.3 percent for all summer Head Start grantees and delegate agencies, a marked improvement over the previous year's 69.6 percent.

Findings with respect to Summer Head Start programs are:

—Children professionally diagnosed as handicapped accounted for 11.4 percent of the children in summer programs. This reflects an increase over the 10.2 percent reported in summer 1975, and 9.4 percent in summer 1974 programs.

—89 percent of the Summer Head Start programs served at least one handicapped child. This reflects an increase over the 84.6 percent so reported the previous summer.

The reporting Summer Head Start programs provided data on the handicapping conditions of the enrolled children. The data are presented in Table 8.

Table 8

DISTRIBUTION OF HANDICAPPED CHILDREN IN SUMMER HEAD START BY CATEGORY OF HANDICAPPING CONDITION

Handicapping Condition	Percent of Total
Speech Impairment (communication disorders)	40.04
Health Impairment	20.33
Mental Retardation	9.13
Physical Handicap (orthopedic handicap)	7.42
Visual Impairment	5.47
Specific Learning Disability	5.40
Hearing Impairment	5.33
Serious Emotional Disturbance	4.74
Deafness	1.08
Blindness	1.01

Summer Head Start programs served severely handicapped children:

- 26.3 percent of the handicapped children in summer programs had multiple handicaps, an increase over the 22.4 percent in the prior summer's programs.
- 56.7 percent of the handicapped children required "a fair amount" or "almost constant" special assistance, up from 50.3 percent of the previous year.

Summer Head Start programs worked with other agencies:

- 27.4 percent of the children professionally diagnosed as handicapped were referred to Head Start by other agencies, a decrease from the previous summer when 33.24 percent were referred.

- Of those children diagnosed as handicapped, 43.6 percent were diagnosed by private medical professionals, 37.7 percent by professionals employed by Head Start, and 18.6 percent by other qualified professionals.

Handicapped children enrolled in Summer Head Start were receiving special education and related services:

- 35.6 percent were receiving special services from other agencies, 51.1 percent were receiving special education services in the Head Start classroom, and 20.2 percent were receiving special health, medical or nutritional services.
- In 67.1 percent of the summer programs, a person had been designated to coordinate services for handicapped children; this was a slight decrease from the 1975 level of 70.9 percent.

Training was provided in Summer Head Start programs:

- In 57.5 percent of the programs, current program staff had received preservice training in services to handicapped children.
- In 34.9 percent of the programs, inservice training had been provided.

Chapter 4

Special Efforts to Facilitate Head Start Services to Handicapped Children

Evaluation of Mainstreaming Process in Project Head Start

As part of its ongoing attempts to upgrade programs and procedures, Head Start is now evaluating the process of mainstreaming handicapped children into Head Start. The two-year study being carried out by Applied Management Sciences under contract to the Administration for Children, Youth and Families, has two phases, each with its specific purpose:

Phase 1—To assess the effectiveness of the process by which handicapped children are mainstreamed and provided with appropriate services in Head Start programs, and to identify successful approaches which can be used for program improvement.

Phase 2—To assess the impact of services provided to Head Start handicapped children and their families.

A preliminary report on Phase 1 of the study identified six mainstreaming experiences:

- Complete mainstreaming of handicapped child into a regular classroom (no supportive assistance).
- Complete mainstreaming of handicapped child into a regular classroom with support assistance provided by a specialist.
- Complete mainstreaming of handicapped children in a classroom where the regular classroom teacher and a special education teacher cooperatively work with all children (a team arrangement).
- Reverse mainstreaming in which normal children become part of a special education class.
- Partial mainstreaming where handicapped children are in a special education class but go to mainstreamed classes for one or more regular classroom activities.
- Handicapped children receive services from the program but are *not* mainstreamed.

During Phase 1, data were collected on the mainstreaming experiences of a sample of 269 children representing the basic handicapping conditions selected from 59 Head Start programs. Information regarding these programs was also collected and compared to that obtained from 46 non-Head Start programs in the same communities.

Analysis of the data indicates that 92 percent of the Head Start children were

completely mainstreamed in the sense that they spent nearly all their program time with their nonhandicapped peers. Of the 8 percent of children not mainstreamed, over half were in a reverse mainstreaming situation. About 3 percent (16 children) were either in a special education program or in a partial mainstreaming situation.

The nature of a child's handicap and the severity of the handicap affects the mode of mainstreaming only slightly. Severely disabled children were more likely to be in mainstreaming settings in which the Head Start classroom teacher received supportive services.

Most children who are considered to be "completely" mainstreamed spent over 90 percent of their time in a typical day in the company of nonhandicapped peers.

More than 66 percent of the 269 children observed were judged to be fully integrated into classroom activities. Children diagnosed as mentally retarded or emotionally disturbed were less likely to be fully socially integrated than children with other handicaps. Fifty-seven percent of those children with severe or profound disabilities were judged to be socially integrated whereas this was so for 81 percent of those children with milder impairments.

In nearly 85 percent of all informal in-class observations conducted by field staff, the focal child was observed in a group structure that included nonhandicapped peers. In only 5 percent of these observations, was the focal child involved in social situations that included only handicapped children.

Facilities and materials available to Head Start programs to support the mainstreaming handicapped children are generally adequate for children with mild or moderate impairments. The study found, however, that Head Start programs often do not have the special equipment or materials that would facilitate the delivery of services to severely handicapped children. This may be accounted for by the relatively greater availability of resources in the non-Head Start programs included in the study.

Pupil expenditure ratios, both in terms of total funding available and funding earmarked specifically for the handicapped, were higher in the non-Head Start programs visited.

Mainstreaming, however, is less common in preschool programs other than Head Start. Only 13 of the 46 non-Head Start programs visited provided a classroom mainstreaming experience. In each of these 13 programs, the regular classroom teacher was provided supportive services by professionals and specialists.

In summary, the data presented in the mainstreaming study indicate that Head Start has been generally successful in its effort to mainstream handicapped children into classroom activities.

As part of Phase 2 of the study, an analysis will be undertaken to compare impact data from samples of preschool handicapped children not enrolled in any program of services. Major study questions to be addressed include:

- —Within Head Start, which program variables are associated with differential progress among handicapped children?
- —Do program variables associated with developmental progress among children enrolled in Head Start differ from those for children enrolled in non-Head Start programs?
- —How does the development of handicapped children enrolled in Head Start or non-Head Start programs differ from handicapped children receiving no special services?

Appendix A

SURVEY RESULTS OF HANDICAPPED CHILDREN IN HEAD START BY STATE* (OR GEOGRAPHICAL ENTITY) HEAD START PROGRAMS

STATE (or Geographical Entity)	(a) Number of Grantees and Delegate Agencies Responding	(b) Total Number of Children Reported Enrolled	(c) Number of Handicapped Children Reported Enrolled	(d) Percent of Enrollment Reported Handicapped Jan.-Mar. 1977
Alabama	35	8,616	1,136	13.18
Alaska	3	784	123	15.68
Arizona	13	2,039	208	10.20
Arkansas	17	4,496	586	13.03
California	106	18,091	1,609	8.89
Colorado	27	4,138	602	14.54
Connecticut	16	2,081	215	10.33
Delaware	3	597	61	10.21
District of Columbia	6	1,613	139	8.61
Florida	30	10,447	1,057	10.11
Georgia	43	6,021	776	12.88
Hawaii	4	1,000	120	12.00
Idaho	8	946	146	15.43
Illinois	43	9,910	1,019	10.28
Indiana	26	4,052	522	12.88
Iowa	23	2,762	503	18.21
Kansas	13	1,167	259	22.19
Kentucky	42	8,627	1,573	18.23
Louisiana	30	7,055	1,295	18.35
Maine	14	1,400	214	15.28
Maryland	22	3,238	401	12.38
Massachusetts	37	4,631	496	10.71
Michigan	50	5,385	670	12.44
Minnesota	26	3,608	580	16.07
Mississippi	25	30,353	3,144	10.35
Missouri	21	9,177	1,313	14.30
Montana	9	958	156	16.28
Nebraska	13	1,460	179	12.26
Nevada	4	310	61	19.67

*Excluding Migrant and Indian Programs within states, as applicable.

Appendix A — Continued on page 36

Appendix A —*Continued*

New Hampshire	6	642	106	16.51
New Jersey	26	4,742	650	13.70
New Mexico	18	2,472	321	12.98
New York	144	12,796	1,427	11.15
North Carolina	39	9,080	1,261	13.88
North Dakota	3	267	83	31.08
Ohio	59	10,213	1,460	14.29
Oklahoma	23	5,061	682	13.47
Oregon	14	1,470	234	15.91
Pennsylvania	53	7,182	1,047	14.57
Rhode Island	6	678	94	13.86
South Carolina	20	6,033	1,110	18.39
South Dakota	6	560	74	13.21
Tennessee	26	8,131	1,450	17.83
Texas	70	13,445	1,782	13.25
Utah	9	1,043	179	17.16
Vermont	5	732	92	12.56
Virginia	24	3,073	394	12.82
Washington	24	2,941	639	21.72
West Virginia	23	3,523	558	15.83
Wisconsin	27	3,593	454	12.63
Wyoming	5	538	72	13.38
Caroline** Islands	1	150	5	3.33
Guam	1	123	20	16.26
Puerto Rico	24	12,447	1,790	14.38
Virgin Islands	1	850	57	6.70
State Subtotal	1,366	266,747	35,204	13.20
Indian Programs	51	4,674	546	11.68
Migrant Programs	11	5,909	383	6.48
TOTAL***	1,428	277,330	36,133	13.02

**Caroline Islands are part of the Trust Territories of the Pacific Islands
***American Samoa did not respond to the survey